STATE OF IDAHO DEPARTMENT OF HEALTH AND WELFARE CHILD SUPPORT SERVICES

RECEIVED SEP 2 9 2009

OCCUPATIONAL LICENSES

State of Idaho, Dept of Health & Welfare
Child Support Services,

Petitioner,

Vs.
Derek C. Davis,

Respondent.

Date of Birth of Respondent
November 24, 1957

Case No. 144385

VILCENSE

SUSPENSION

WITH

HEARING

Respondents Address: 1601 Joyce St, Boise, ID, 83706-3130

A license suspension hearing was held on August 3, 2009. The Hearing Officer has entered the attached recommended decision. After review and consideration, the Hearing Officer's recommendation is hereby adopted and an ORDER OF LICENSE SUSPENSION IS HEREBY ENTERED against the Respondent as to the following license(s):

Respondents License Number(s): Chiropractic Physicians - CHIA-774

The ID Bureau Of Occupational Lic is hereby ordered to suspend the license of Respondent named above upon the date of receipt of this Order pursuant to Idaho Code § 7-1402(3).

This is a final order of the agency.

Pursuant to sections 67-5270 and 67-5272, Idaho Code, any party aggrieved by this final order or orders previously issued in this case may appeal this final order and all previously issued orders in this case to district court by filing a petition in the district court in the county in which:

- a hearing was held,
- ii. the final agency action was taken,
- iii. the party seeking review of the order resides, or
- iv. the real property or personal property that was subject of the agency action is located.

An appeal must be filed within twenty-eight (28) days of the service date of this final order. The filing of an appeal to district court does not itself stay the effectiveness or enforcement of the order under appeal.

DATED this __

day of _

Leslie Betty

Division Administrator or Designee Department of Health and Welfare

State of Idaho

Certificate of Mailing

cc: CSS File

Respondent

CERTIFICATE OF MAILING

I HEREBY CERTIFY that a true and correct copy of the foregoing <u>Default Order of License Suspension</u> was mailed to the following parties by the method stated below on:

The _____ day

FIRST CLASS MAIL OR ELECTRONICALLY:

Derek C. Davis 1601 Joyce St Boise, ID 83706-3130

ID Bureau Of Occupational Lic Shirleen Cowley 1109 Main Ste 220 Boise, ID 83720

STATEHOUSE MAIL:

Child Support Services Region # 06 1090 Hiline, 2nd Floor Pocatello, ID 83201-2902

Department of Health and Welfare